

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

0039305

DOCUMENT # 709774

1. Entity Name

PALM BAY CONDOMINIUM, INC.

05-04-2001 90098 048 ****61.25

Principal Place of Business

770 PALM BAY LANE
 MIAMI FL 33138
 US

Mailing Address

770 PALM BAY LANE
 MIAMI FL 33138
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1112308

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ROBERTS MANAGEMENT & REALTY CO., INC.
 1840 NE 153RD STREET
 NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD
 NAME: CRITCHETT, DAN
 STREET ADDRESS: 770 PALM BAY LANE
 CITY-ST-ZIP: MIAMI FL
 Delete

TITLE: DS
 NAME: SIMCOX, TINA
 STREET ADDRESS: 770 PALM BAY LANE
 CITY-ST-ZIP: MIAMI FL
 Delete

TITLE: VD
 NAME: GALLAGHER, PHIL
 STREET ADDRESS: 770 PALM BAY LANE
 CITY-ST-ZIP: MIAMI FL
 Delete

TITLE: D
 NAME: MOSHOLDER, CORINA
 STREET ADDRESS: 770 PALM BAY LANE
 CITY-ST-ZIP: MIAMI FL
 Delete

TITLE: DT
 NAME: LOVELAND, KATHRINE
 STREET ADDRESS: 770 PALM BAY LANE
 CITY-ST-ZIP: MIAMI FL
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: T - David ~~Reiss~~
 NAME:
 STREET ADDRESS: 700 Palm Bay Lane
 CITY-ST-ZIP: Miami, FL
 Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE:
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 CITY-ST-ZIP:
 Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)